

REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Commissioner for Patents
Box Patent Application
Washington, DC 20231

Attorney Docket No.

8796E

First Named Inventor

Luke Robinson Magee

Original Patent Number

6,648,866 B2

Original Patent Issue Date
(Month/Day/Year)

November 18, 2003

Express Mail Label No.

EV 426081223 US

10/829482
042104APPLICATION FOR REISSUE OF:
(check applicable box)

Utility Patent

Design Patent

Plant Patent

APPLICATION ELEMENTS

ACCOMPANYING APPLICATION PARTS

<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/56) (Submit an original, and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Specification and Claims (amended, if appropriate)</p> <p>3. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)</p> <p>4. <input checked="" type="checkbox"/> Reissue Oath / Declaration (original or copy) (37 C.F.R. §1.175)(PTO/SB/51 or 52)</p> <p>5. Original U.S. Patent</p> <p><input checked="" type="checkbox"/> Offer to Surrender Original Patent (37 C.F.R. §1.178) (PTO/SB/53 or PTO/SB/54)</p> <p><input type="checkbox"/> Ribboned Original Patent Grant, <u>OR</u></p> <p><input type="checkbox"/> Affidavit / Declaration of Loss (PTO/SB/55)</p> <p>6. Original U.S. Patent currently assigned?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(If Yes, check applicable box(es))</p> <p><input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53 or 54)</p> <p><input checked="" type="checkbox"/> 37 C.F.R. §3.73(b) Statement</p> <p><input checked="" type="checkbox"/> Power of Attorney</p>	<p>7. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)</p> <p>8. <input checked="" type="checkbox"/> Information Disclosure <input checked="" type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations</p> <p>9. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)</p> <p>10. <input checked="" type="checkbox"/> Preliminary Amendment</p> <p>11. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>12. Other:</p>
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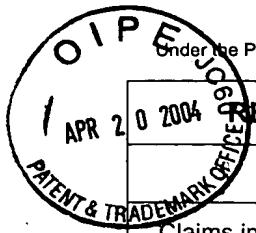
or Correspondence address below

NAME	The Procter and Gamble Company				
ADDRESS					
CITY		STATE	OH	ZIP CODE	
COUNTRY	USA	TELEPHONE	(513)	FAX	(513)

Name (Print/Type)	Jay A. Krebs	Registration No. (Attorney/Agent)	41,914
Signature		Date	4/21/04

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Box Patent Application, Washington, D.C. 20231.





REISSUE APPLICATION FEE TRANSMITTAL FORM				Docket Number: 8796E		
Claims as Filed – Part 1						
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Rate	Fee	
(A) 17	Total Claims (37 CFR 1.16(j))	(B) 20	**** 0	x \$18.00 =	\$0.00	
(C) 7	Independent claims (37 CFR 1.16(i))	(D) 7	* 0	x \$86.00 =	\$0.00	
				Basic Fee (37 CFR 1.16(h))	\$0.00	
				Total Filing Fee	\$770.00	
Claims as Amended – Part 2						
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 48	MINUS	** 20	= 28	x \$18.00 =	\$504.00
Independent Claims (37 CFR 1.16(i))	*** 13	MINUS	** 7	= 6	x \$86.00 =	\$516.00
				Total Additional Fee	\$	1,020.00
<ul style="list-style-type: none"> * If the entry in (D) is less than the entry in (C), write "0" in column 3. ** If the "Highest Number of Total Claims Previously Paid For" is less than 20, write "20" in this space. *** After any cancellation of claims. **** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20). ***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C) 						
<p style="text-align: center;"><i>162480</i></p> <p><input checked="" type="checkbox"/> Please charge Deposit Account No. <u>24-1680</u> in the amount of <u>\$ 1790.00</u>.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>24-1680</u>. A duplicate copy of this sheet is enclosed.</p>						
Jay A. Krebs		Reg. # 41,914				
Date 4-21-04		Signature of Applicant, Attorney or Agent of Record				

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